Application to attend PUBLIC MISCONDUCT HEARING



Please note, a asterisk (*) denotes a required field

HEARING DETA	AILS (Please provide details of the hearing you would like to attend)
Hearing for:*	
Date of hearing:*	
PERSONAL DE	TAILS (Please note that these details are required for security purposes only and will not be retained)
Name:*	
Address:*	
Date of birth:*	
	Please provide an email address so if you are successful we can email you confirmation, and a phone number so that you can be contacted should there be any short notice change to arrangements.
Email address:*	
Phone number:*	
Are you are a member of the press? Yes No (If YES, please ensure you bring your official press ID)	
Are you a wheelc	hair user?* Yes No
CONFIRMATION	
Due to the numb	per of applications we may not be able to respond to all applications.
If you are successful in your application you will receive an email confirming the dates you have been allocated and giving you the arrangements for the day.	
You will need to bring a copy of the confirmation together with identification with you when you attend.	
I confirm that I ha	eve read and agree to abide by the conditions of entry*
Please save the completed form and email to: PROFSTAN_Operational_Support_Team@southyorks.pnn.police.uk	